



## SKILLS BUILDING INCENTIVE PROGRAM YOUTH APPLICATION

Name: \_\_\_\_\_ Client ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Release Date: \_\_\_\_\_ Dorm: \_\_\_\_\_ Case Manager: \_\_\_\_\_

**Have you obtained your GED?** ☐ YES ☐ NO

**IF YES:**

Are you currently enrolled in a vocational class? ☐ YES ☐ NO If Yes: ☐ AM OR ☐ PM

If Yes, have you completed a vocational program? ☐ YES ☐ NO

If Yes, which ones have you completed? \_\_\_\_\_

\_\_\_\_\_

**IF NO:**

Have you completed a vocational program? ☐ YES ☐ NO

If Yes, which ones have you completed: \_\_\_\_\_

\_\_\_\_\_

Please list any previous work or volunteer experience you have had.

\_\_\_\_\_

What position(s) are you interested in? \_\_\_\_\_

\_\_\_\_\_

**MEDICAL:**

Do you have any physical limitations or health concerns? ☐ YES ☐ NO

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Job Reassignment Request:**

Is this a request for a change in your current job assignment? ☐ YES ☐ NO

If Yes, why are you requesting a change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date Submitted

Original to: Program Coordinator  
Copies to: Education/Skills Building Placement Staffing Participants  
Education/Skills Building Incentive Program Multi-Disciplinary Team

**November 2013**